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7590 07/13/2005

Caroline G. Chicoine  
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10/07/2005 CCHAU2 00000015 10649920

01 FC:1501 1400.00 0P  
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Pamela A. Pickett	(Depositor's name)
<i>Pamela A. Pickett</i>	(Signature)
10-4-05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/649,920	08/25/2003	Carey A. Smith	66638/37454	5779

TITLE OF INVENTION: STATE SPACE WAVEFRONT RECONSTRUCTOR FOR AN ADAPTIVE OPTICS CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$1700	10/13/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, QUE TAN	2878	250-201900

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
**Thompson Coburn LLP**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**The Boeing Company**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**100 North Riverside  
Chicago, IL 60606 USA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Issue Fee  
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A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **20-0823** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Caroline G. Chicoine*

Date *9/30/05*

Typed or printed name *Caroline G. Chicoine*

Registration No. *38,198*

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